

Case Number:	CM15-0135545		
Date Assigned:	07/23/2015	Date of Injury:	03/23/2013
Decision Date:	08/20/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 32 year old female patient who sustained an industrial injury on 03/23/2013. On 05/08/2014 the patient underwent electric nerve conduction study of left lower extremity which showed a normal study. A primary treating office visit dated 06/24/2015 reported subjective complaint of ongoing left low back pain. There is a pending referral to physiatry. The patient has had additional sessions of physical therapy. The patient is diagnosed with discogenic lumbar facet joint with inflammation of the facets. There is recommendation to utilize a transcutaneous nerve stimulator unit, continue with back brace and application of heat/cold. Medications to continue: naproxen, Protonix, Flexeril, and Tramadol. The patient is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy additional 12 sessions for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in March 2012 and continues to be treated for low back pain. Treatments have included 12 physical therapy sessions with improvement. When seen he was having left low back pain. There was lumbar tenderness with positive left facet loading and iliotibial band tightness. An additional 12 physical therapy treatments and a physiatry referral were requested. A TENS unit with conductive garment was prescribed. The claimant is being treated for chronic pain with no new injury and has already had physical therapy with improvement. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

Four Lead TENS Unit with conductive garment (unspecified if purchase or rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS for chronic pain. BlueCross BlueShield: TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114.

Decision rationale: The claimant sustained a work-related injury in March 2012 and continues to be treated for low back pain. Treatments have included 12 physical therapy sessions with improvement. When seen he was having left low back pain. There was lumbar tenderness with positive left facet loading and iliotibial band tightness. An additional 12 physical therapy treatments and a physiatry referral were requested. A TENS unit with conductive garment was prescribed. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Use of a garment would require documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, there is no documented home-based trial of TENS or apparent need for a conductive garment. The request was not medically necessary.

Consultation for physiatry for low back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in March 2012 and continues to be treated for low back pain. Treatments have included 12 physical therapy sessions with improvement. When seen he was having left low back pain. There was lumbar tenderness with positive left facet loading and iliotibial band tightness. An additional 12 physical therapy treatments and a physiatry referral were requested. A TENS unit with conductive garment was prescribed. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms and findings of left sided lumbar facet mediated pain as well as restriction of the left iliotibial band. There may be interventional or other treatments that might be considered in his care. The requested evaluation is medically necessary.